Optimising appearance-related psychosocial care in European settings

Appearance-related concerns are prevalent among patients and are associated with a range of negative physical and psychosocial outcomes, yet many health professionals across Europe report that they are often ill-equipped to provide adequate support. Researchers from the Centre for Appearance Research examine the impact of two projects aiming to identify training needs to optimise psychosocial care for patients with a visible difference, can be associated with poor mental health outcomes, including depression, low self-esteem, emotional distress, self-harm and disordered eating (Stice, 2002; Field et al, 2004; Muehlenkamp and Brausch, 2012). There are also well-established links between appearance concerns and health-compromising behaviours, including drug and alcohol misuse (Kanayama et al, 2006), avoidance or overdetermination in exercise (Byron-Daniel, 2012), steroid use (Harper and Tiggeman, 2008), smoking (Stice and Shaw, 2003) and the ongoing use of appetite suppressants (Amos and Bostock, 2007).

In light of the above, it is common for health professionals to come into contact with patients experiencing appearance-related distress that impacts on both their physical and mental health. This article will describe two European Union-funded projects, which were introduced to optimise psychosocial care for individuals with a visible difference or negative body image.

Training and resources

Despite unequivocal evidence that body image dissatisfaction and appearance-related distress is reaching epidemic proportions (All Party Parliamentary Group on Body Image, 2012), informal investigations conducted across various European countries have found that health professionals receive inadequate psychosocial training in order to provide patients with adequate support and care, and lack understanding of the specific cultural stigma associated with having a visible difference (Persson et al, 2014).

It has also been established that, although health professionals generally do not feel they have the skills to deliver psychosocial support, they can easily and successfully take on this role when given proper training and access to appropriate resources (Clarke and Cooper, 2001).

European initiatives

Two European Union-funded projects led by the Centre for Appearance Research (University of the West of England, Bristol) are aiming to optimise psychosocial care for individuals with a visible difference or negative body image by developing, testing and implementing innovative, evidence-based training materials for trainee and qualified health and social care professionals (e.g. nurses, social workers, physiotherapists, radiographers, medics). The first project is targeting health professionals and national government organisations (NGO) staff who are working in health-care settings. It is entitled: ‘Face Value: Optimising the psychosocial care for individuals with birth anomalies in Europe, by implementing an innovative training method for staff in health-care and NGO settings’ (project reference number: 2014-1-UK01-KA202-001619). The second project is focusing on developing a higher education short course for health-care students that will be delivered by universities across Europe. It is entitled: ‘When Looks Get in the Way: Optimising patient outcomes through the training of health care professionals’ (project reference number: 2014-1-UK01-KA203-001631).

Evidence to support the need for both projects, together with an outline of the methodology used to inform course content and structure, are presented in this article.

Face Value

The concept behind this project was first shaped in 2012 at a European parliamentary meeting in Brussels. The meeting focused on ‘Challenges of health inequalities in the treatment and prevention of birth defects in Europe’. Delegates acknowledged that psychosocial care for individuals with a congenital disfigurement is, in many instances, less than optimal in countries across Europe. In addition, patient and family access to specialist (and therefore costly) psychologists was considered to be limited, even in the most affluent of European countries (Persson et al, 2014).

Embarking on a project to develop a relatively brief training programme, over 1 or 2 days (with socially and culturally specific materials for different countries), for frontline multidisciplinary specialists (e.g. doctors, nurses, NGO staff) was considered to be a much more prudent, cost-efficient and potentially effective route to improving care. The rationale was that the programme would have a direct impact by training staff...
who are in frequent contact with patients and their families; there is clear evidence that short courses for health professionals can significantly increase the psychosocial provision of care (Clarke and Cooper, 2001; Rumsey et al, 2004; Persson et al, 2008).

The intention is also for this impact to be sustainable by considering the objectives of hospitals and NGO, ultimately facilitating the delivery of this programme at their institutions on a regular basis. The project has been designed to be cost-effective, easily implemented and is highly practical, to ensure that it can meet the needs of both staff who typically lack confidence in meeting patients’ information and support needs, and who often lack the time to implement lengthy interventions (Clarke and Cooper, 2001; Persson et al, 2008; Konradsen et al, 2009).

At present, the project is concentrating on the implementation of the training programme within the partner countries of Bulgaria, Latvia, Serbia and Turkey. This consortium was particularly selected because their psychologist and academic EU representatives reported anecdotal evidence that appearance-related psychosocial support services are limited or non-existent, and that their health professionals lack the necessary psychosocial training to provide suitable care to families affected by birth defects. In addition, representatives provided further anecdotal evidence which suggests that patients are being marginalised and socially excluded during encounters with poorly-informed health professionals—i.e. those who do not appreciate the specific cultural stigma associated with appearance-altering congenital conditions and therefore lack the capacity to deliver appropriate support.

To guide and tailor the development of the training programme and ensure it meets both the needs of health professionals/NGO staff and the support needs of patients, the consortium conducted 70 interviews across Europe with health professionals and 60 interviews with individuals/families with congenital anomalies about both their perception of psychosocial support services and views on how to improve care. Findings supported the intention to provide trainees with a range of cognitive and practical skills to increase their understanding of the psychosocial consequences, including discrimination and stigmatisation, experienced by individuals and their families affected by appearance-altering conditions (Persson et al, 2014).

Given the lack of knowledge and training available, it is anticipated that the Face Value project will both quickly have an impact on practice and enhance psychosocial service provision in these countries. It is anticipated that the training material will be available by August 2016 via the project’s website (www.facevalue.cc).

**When Looks Get in the Way**

The rationale behind Face Value underpins this second project. However, in this instance, a more extensive, in-depth training course will be developed and delivered, equivalent to 2.5 European Credit Transfer and Accumulation System (ECTS) credits (75 hours), for health professionals. Based on feedback from the participating higher education institutes in the project, there is a clear need for appropriate training modules in health-care to address a highly salient and complex topic area not being addressed in-depth in any other university course for health professionals’ training or continuous professional development (CPD). It is hoped that this course will bridge the research-practice gap and result in an evidence- and needs-based, multimodal course that will be adapted to meet cultural needs. It will aim to prepare a range of health professionals (multidisciplinary dental, hospital-based and primary care staff) for contact with people affected by appearance-related concerns in the course of their professional work, and to improve the psychosocial care of their patients.

The project will also initiate collaboration between educationalists and multidisciplinary health professionals across the EU. This will ensure the exchange of innovative knowledge across the consortium.

**Key points**

- Negative body image and appearance-related concerns have proven links to poorer psychosocial outcomes
- A growing body of research has found that many health professionals have insufficient understanding of the challenges individuals face and therefore little confidence in meeting their needs
- Two projects led by the Centre for Appearance Research are developing training materials for health professionals across Europe in order to enhance service provision and improve psychosocial care and support for patients
Course content and mode of delivery will be tailored to the different training needs of health professionals and the support needs of a variety of patients across the EU. In the latest phase of the project, five partners from Italy, Lithuania, Sweden, the Netherlands, Turkey and the UK have conducted a survey of over 600 health professionals. Its purpose was to ascertain health professionals’ views on developing an evidence-based, in-depth training resource to develop their health knowledge and skills around the impact of appearance-related issues experienced by their patients. Part of this survey also explored how these issues manifest themselves for socially disadvantaged groups such as migrants or other people in changing cultural contexts.

Initial findings revealed that there is a lack of knowledge about appearance-related behaviours and training resources available to support patients. Participants gave their impressions of what types of intervention are effective. Furthermore, it was identified that there is not only a need for information on these issues, but also that health professionals in Europe actively want this information. The majority of respondents who participated in the UK survey indicated that 88% would like to know more and 77% would attend an accredited training course, if available (Persson et al., 2014).

Training materials that will provide a unique, cost-effective, widely available and internationally transferable resource are now being developed to respond to these needs. The course has the potential to rapidly improve the provision of appearance-related care for patients and their families. It is anticipated that the course will be available by August 2016 (www.whenlooks.eu).

**Conclusion**

By making appropriate, evidence-based psychosocial training materials available and easily transferable, the provision of care for individuals with a visible difference or negative appearance concerns can be enhanced. These projects will raise awareness and contribute to a social dialogue about the discrimination and social exclusion that individuals/families affected by appearance-related concerns can experience.

**Acknowledgements:**

These projects have been funded with support from the European Commission. This publication only reflects the views of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

**References**


